2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 19 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02092009 REIN-P CR2E098 (1/07)

DOCUMENT # S59394

1. Entity Name
M.K. HOLDINGS, INC.

Principal Place of Business	Mailing Address
1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304 US	1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 S BIRCH ROAD	200 S BIRCH ROAD
Suite, Apt. #, etc.: APT 1011	Suite, Apt. #, etc.: APT 1011
City & State: FORT LAUDERDALE	City & State: FORT LAUDERDALE
Zip: 33316-1522 Country: USA	Zip: 33316-1522 Country: USA

4. FEI Number: 65-0274331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOSHEDAR, MEHTA H 1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304	Name: MEHTA, FRENI E Street Address (P.O. Box Number is Not Acceptable): 200 S BIRCH RD APT 1011 City: FORT LAUDERDALE FL Zip Code 33316-1522

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 02/16/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, MICHAEL 1328 ORANGE FT. LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, FRENI E 200 S BIRCH RD, APT 1011 FORT LAUDERDALE, FL 33316-1522 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, HOSHEDAR H 200 S BIRCH RD 1011 FT. LAUDERDALE, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200144047332 02/20/09--01003--010 **900.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 02/16/09 954-556-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #